

Provider Directories Post-ACA: The Challenges and Opportunities

Sarah Summer, JD/MPH

Deputy Director, Public Policy

Blue Shield of California

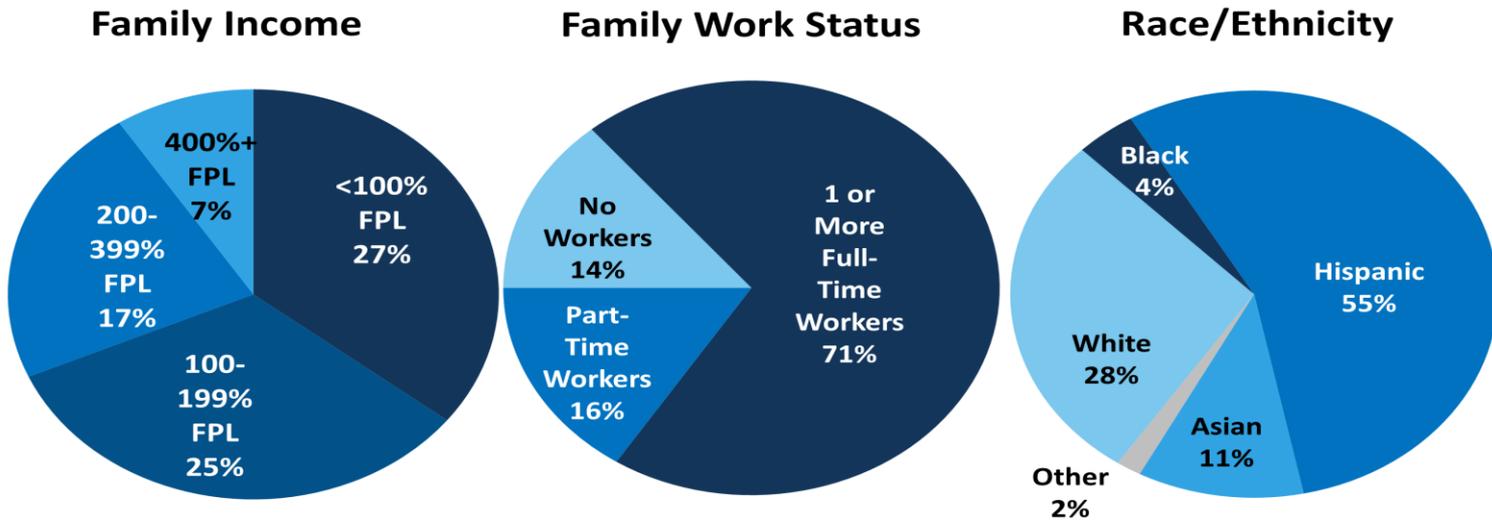
What's Changed after the ACA?

- At the end of the 2016 Open Enrollment approximately 12.7 Million individuals purchased coverage through a Health Insurance Exchange aka Marketplace.
 - About 1.5 Million through Covered California
- Over 11 Million individuals enrolled in Medicaid or CHIP under the ACA's Medicaid expansion
 - About 4 Million new enrollees in California
- Many of the newly insured have never had insurance before
- Transition from employer-based coverage to marketing to individuals
- Different socioeconomic, health and demographic mix

Pre-ACA Uninsured

Figure 5

Characteristics of the Nonelderly Uninsured in California, 2013



Total Nonelderly Uninsured in California: 5.6 Million

NOTE: Data may not total to 100% due to rounding. Data for Whites and Blacks exclude Hispanics.

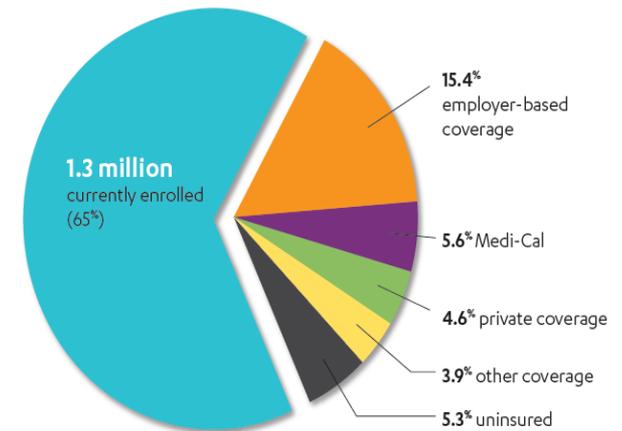
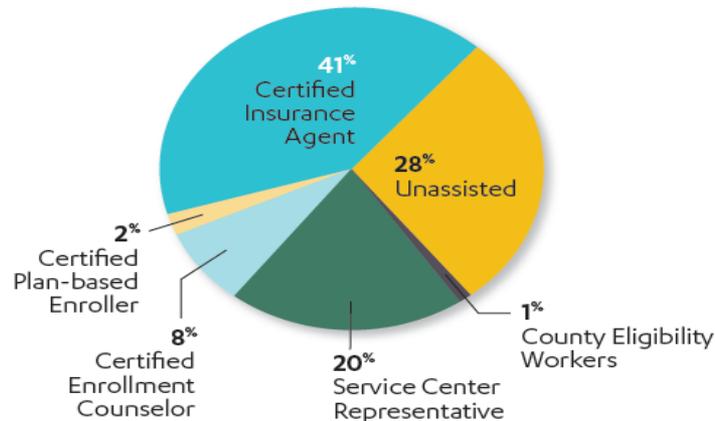
SOURCE: Kaiser Family Foundation estimates based on the Census Bureau's March 2014 Current Population Survey (CPS:Annual Social and Economic Supplement).



Who are the newly insured?

- Subsidized (88% receive APTCs and 50% receive CSRs)
 - Average cost of premium is reduced by 70%
- Prefer help enrolling
 - Unassisted enrollment through the website is still the method of choice for 26-34 year olds
- Mostly Asian, Latino, and White
- Churn at a higher rate than other insured populations
 - Mainly leaving for employer-based coverage
 - Special enrollment periods are utilized at higher rates than anticipated.

Active Members in June 2015
by Enrollment Service Channel



Estimated from Covered California enrollment data and 2015 Member Survey (n=3,373).

New Challenges

- Keeping costs reasonable
 - High Value Networks
 - Delivery System Reform
 - Improving Quality
- Explaining a complex product to newly insured
 - Out-of-pocket costs
 - Benefit Design
- Higher rates of Churn
 - Income changes are more frequent
 - Continuity of care and providers factor into choice
- New government oversight and regulation
 - Complicated and changing requirements
 - Sometimes in conflict or confusing
 - Operational challenges

What does that mean for provider directories?

Provider directories are important but are still hard to get right.

- Consumers increasingly rely on provider directories to review networks when choosing a plan
- New network designs (aka high efficiency networks, high value networks, narrow networks) use limited network size as a tool to manage cost and improve quality.
- Longstanding challenges around the accuracy of provider data are magnified by:
 - Provider Confusion
 - Quickly changing data
 - Outdated systems and processes
 - Reliance on factors outside the plans control

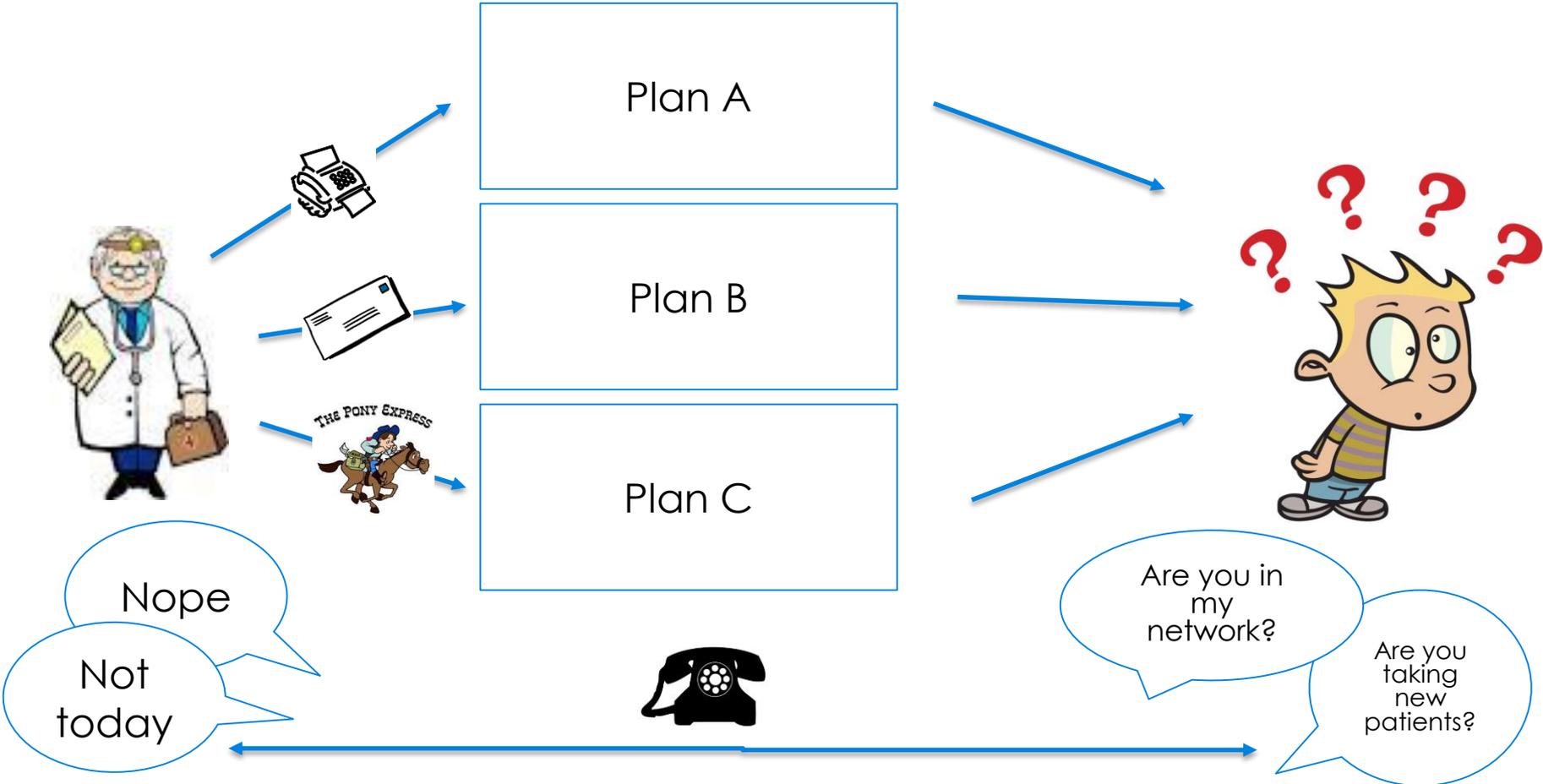
Complicated by Complex and Uncoordinated Regulatory Requirements

- Federal Regulations
 - Qualified Health Plans
 - Medicare Advantage Plans
 - Medicaid “Mega-Reg”
- State Regulations
 - SB 137
 - Covered California
 - CDI Network adequacy regulations
 - DHCS requirements
- State Oversight

A provider directory has three components:

1. Provider Portal –*how the provider updates their information*
 - Website
 - Email
 - Fax
 - Phone Call
2. Provider Information Database– *where the data is stored, cleansed and validated*
3. Consumer Portal –*how the consumer sees the information*
 - Plan Website
 - Paper directory upon request
 - Multi-plan directory?

How it works now...



Opportunities

So how do we fix it?

1. Provider Shared Responsibility

- a) Carrot--Make it easier for providers
 - a) Update information in a single place
 - b) Better tools (online interface, phone, email, etc)
- b) Stick—Have consequences if they don't update their information
 - 1. Contract requirements
 - 2. SB 137 & MAO requirements

2. Leverage Efficiencies

- a) Use existing sources first—
 - a) Cleanse and validate data against participating plan data and public databases
- b) Identify inconsistencies and prioritize data elements and communication channel for verification

3. Create a master database—single source of truth

AHIP Provider Directories Initiative - Overview



- ✓ Improve the accuracy of provider directories to benefit consumers in all programs, including MA, QHPs/exchanges, and Medicaid.
- ✓ Reduce noise into providers and develop a more efficient mechanism to update provider information for all plans
- ✓ Test different approaches to identify the most effective path to a potential solution at a national level

Approaches Evaluated

Consumer Search Tool

- ❖ Provider & formulary search tool
- ❖ Website and mobile “app”

Shared Central Provider Data Utility

- ❖ Comprehensive database
- ❖ Vendor managed and validated
- ❖ Plans voluntarily contribute data
- ❖ Validated data for plan use

Provider Data “Federation”

- ❖ Virtual provider data network
- ❖ Providers voluntarily post updated data to website
- ❖ Search engines and 3rd parties pool data for plan use

Guiding Principles for AHIP's Work

Centralized Utility

- Centralized, validated database operating as a back office “utility” for plans and providers

Multiple Vendors

- Select two vendors with different solution through competitive “bake off”

Pilot Approach

- Operate as pilot in multiple states for 6 months and perform independent evaluation

Collaboration

- Collaborate with provider and consumer groups

Recommended Vendors



- Met all priority criteria
- Robust plan & provider experience
- Extensive database and strong platform



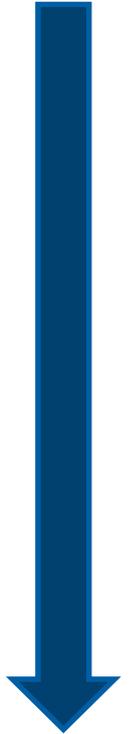
- Met all priority criteria
- Flexible platform & technologically sophisticated
- Existing database with 1.1 million provider records

✓ Unanimous consensus among task force to test vendors' different approaches

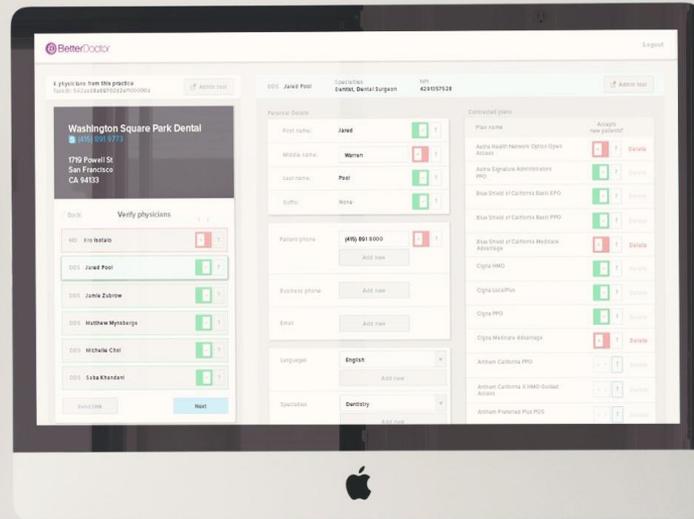


Timing and Next Steps

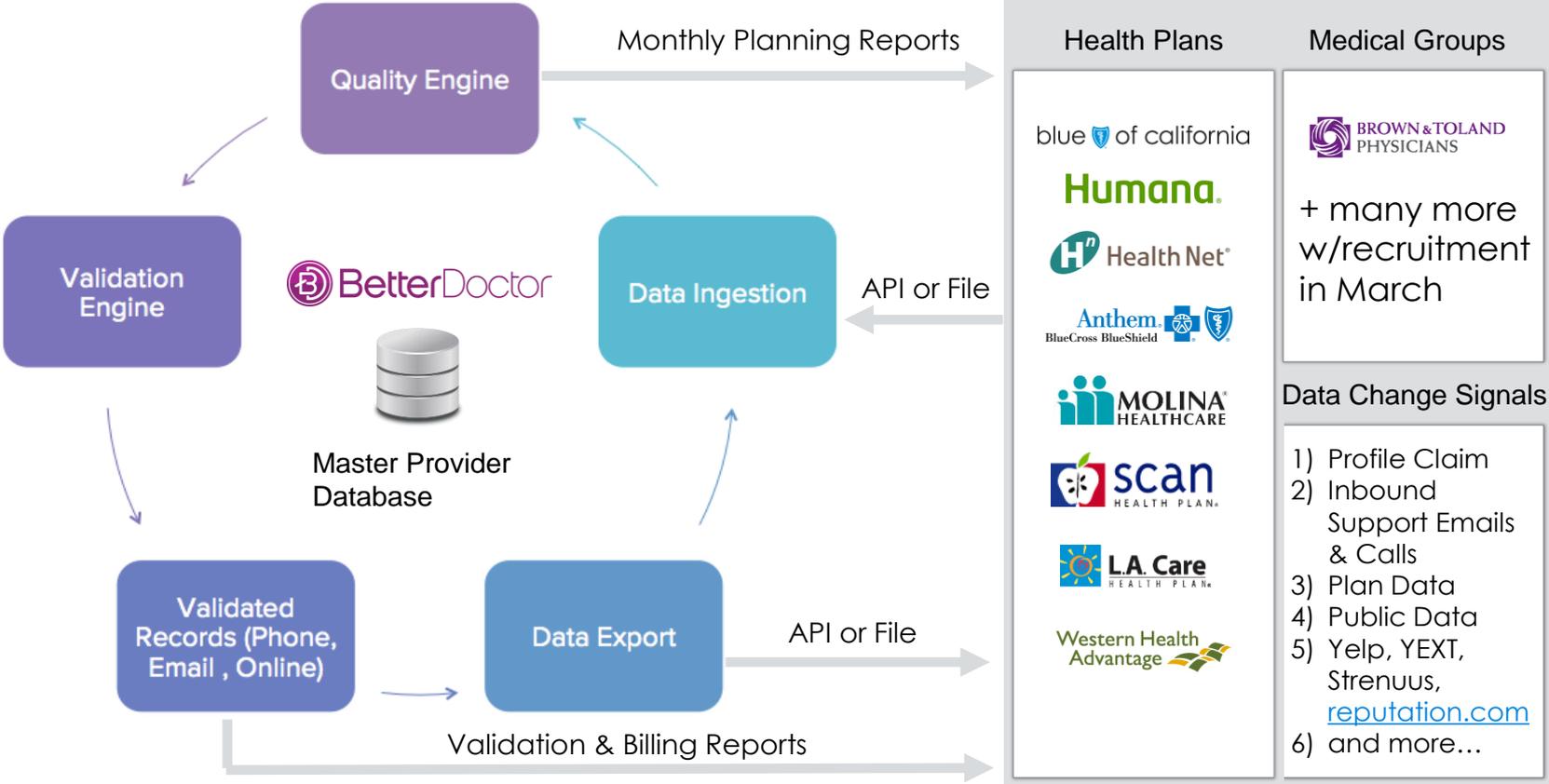
• Establish CEO Task Force & Operations Group	Mar 2015
• Determine Overall Approach for Pilots	Jul 2015
• Evaluate and Select Vendors	Oct 2015
• Determine Pilot States	Nov 2015
• Launch Pilots	April 2016
• Pilot Evaluation (third party)	Sept 2016
• Select Successful Vendor Selection	Q4 2016
• Potential National Solution	Q1 2017



BetterDoctor Provider Data Collection



BetterDoctor Data Flow Amongst Partners



blue  of california